Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	NVS4787AGC	A. BUILDING _____ B. WING _____	01/14/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SUNSHINE CARE HOME 2	3045 SOUTH TIOGA WAY LAS VEGAS, NV 89117

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments Surveyor: 28384 The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws. This Statement of Deficiencies was generated as a result of annual State Licensure survey and a complaint investigation conducted in your facility between 1/11/10 and 1/14/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility is licensed for 10 Residential Facility for Group beds which provide care to persons with Alzheimer's disease, Category II residents. The census at the time of the survey was six. Five resident files were reviewed and six employee files were reviewed. The facility received a grade of A. Complaint #NV00024007 was not substantiated.	Y 000		
Y 528 SS=C	449.260(1)(c) Activities for Residents NAC 449.260 1. The caregivers employed by a residential facility shall: (c) Plan recreational opportunities that are suited to the interests and capacities of the residents.	Y 528		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 528	Continued From page 1 This Regulation is not met as evidenced by: Surveyor: 28384 Based on interview and observation on 1/14/10, the facility failed to provide at least ten hours of activities each week that were suitable to the interest and capacities of the residents. Severity: 1 Scope: 3	Y 528		
Y 859 SS=D	449.274(5) Periodic Physical examination of a resident NAC 449.274 5. Before admission and each year after admission, or more frequently if there is a significant change in the physical condition of a resident, the facility shall obtain the results of a general physical examination of the resident by his physician. The resident must be cared for pursuant to any instructions provided by the resident's physician. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 1/14/10, the facility failed to ensure that 1 of 6 residents received an annual physical (Resident #5). Severity: 2 Scope: 1	Y 859		
Y 936 SS=F	449.2749(1)(e) Resident file-NRS 441A Tuberculosis	Y 936		

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Y 936	Continued From page 2 NAC 449.2749 1. A separate file must be maintained for each resident of a residential facility and retained for at least 5 years after he permanently leaves the facility. The file must be kept locked in a place that is resistant to fire and is protected against unauthorized use. The file must contain all records, letters, assessments, medical information and any other information related to the resident, including without limitation: (e) Evidence of compliance with the provisions of chapter 441A of NRS and the regulations adopted pursuant thereto. This Regulation is not met as evidenced by: Surveyor: 28384 Based on record review on 1/14/10, the facility failed to ensure 3 of 6 residents complied with NAC 441A.380 regarding tuberculosis testing (Resident #2 and Resident #3 no second-step TB skin tests; Resident #5 - no evidence of TB testing) which affected all residents. This was a repeat deficiency from the 8/18/09 State Licensure survey. Severity: 2 Scope: 3	Y 936		